

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577941

FILING DATE

5-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	1		1			
31	1		1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63	1		1			
64		1				
65		2				
66		2				
67		2				
68		2				
69		2				
70	1		1			
71		1				
72		2				
73		1				
74		1				
75		1				
76		1				
77	1		1			
78	1		1			
79	1		1			
80	1		1			
81	1		1			
82	1		1			
83		1				
84	1		1			
85		1				
86		1				
87		1				
88		1				
89		1				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			89			